

Fun N' Fitness Policies & Procedures 2015

(Please keep for your records)

Welcome

The Fun N' Fitness recreation program is designed for people with disabilities to come together to enjoy common interests, have fun and meet new people through planned and structured activities. Our goal is to promote independence, increase physical activity, and improve one's socialization. This program has existed since 1984 and has had a positive impact on many people.

Programs:

Activities are planned four times a year with a fall, winter, spring and summer schedule and cost is based on each activity. Information for each season will be posted on the website and/or can be picked up at the recreation office in Forest Park. If you would like to keep receiving postage mail, please inform Therapeutic Recreation Specialist, Krista Stott.

Activities include but not limited to shows, sporting events, bowling, social events such as movie/dinner nights, comedy shows, day trips and more.

There will be a 1:6 staff/participant ratio; however, if more individualized supervision is required please inform the staff prior to the event for proper supervision.

Participant Information:

All participants must be 18 years of age or older, semi-independent and continent.

Participant needs to fill out a detailed registration form every two years. If any changes are made within that time frame, please inform Therapeutic Recreation Specialist Krista Stott.

Plan to dress accordingly for each event. Participants should bring spending money if they want something extra. We are not responsible for lost or stolen money or items that the participant may bring.

Registration & Cancellations

Participants need to register by the sign-up deadline noted on the sign- up form. This is to insure proper staffing, transportation and ticketing. It is first come, first served **paid** basis. There will be a limited number of spots for the events. Be sure to sign- up early.

We will keep a waiting list once the maximum participation number is met. If you are unable to attend an event after registering, please inform the staff right away, so someone who is waiting can take your spot.

All activities are subject to change or cancellation due to low participation, staffing, scheduling conflicts or weather. If any changes are made, they will be posted to the website and/or you will be called if you have already signed up for the activity. Notices may be sent out for changes or cancellations. In case of inclement weather, call 787-7779 and/or check the website for cancellation information.

To register for activities:

Come into the Recreation Office.

Call 413-787-7779

E-mail: kstott@springfieldcityhall.com

Mail: Fun N' Fitness, 200 Trafton Rd. Springfield, MA 01108

Payments & Refunds:

Payments will be due no later than the day of the event unless we have discussed a payment plan. If there is a balance on your account that has not been discussed and resolved; you will not be eligible to participate.

Refunds or credits may be given if participant gives enough notice prior to the event. Ticketed events however will not be refundable. If an activity is cancelled on our end you will be credited the full amount.

*Checks and money orders are the only form of payment that will be accepted. They should be made payable to: **Parents & Friends of STAR Inc.**

Medications:

Staff is not equipped to administer medications; therefore participants must be able to administer their own medication. It must be in its original bottle with the original label that includes the participant's name. He/she is responsible for their medications; however, staff should be informed and notified of this information.

Transportation:

Vans will depart on time from the location and cannot be held for late arriving guests. Late arrival may result in missing the activity. Please arrive 15 minutes early for both drop-off and pick-up. If the time is 4-8p.m., we will leave promptly at 4p.m. and return for 8p.m. There will be a late fee charge of \$10 for every 15 minutes late. If you require transportation, please call Therapeutic Recreation Specialist Krista Stott to discuss other options.

Behavior Management:

Discipline and guidance will be consistent and based on an understanding of the participant's needs. We want to have fun but we need to make sure it's safe for everybody. Participants need to follow directions, and listen to staff. If a behavior continues or staff is unable to diffuse a situation, guardians or parents may be called. Consistent foul language, verbal or physical abuse will not be tolerated. We should present ourselves and the City in a respectable manner.

If you have any questions, please contact:

Krista Stott

Therapeutic Recreation Specialist

Phone: 413-787-7779

E-mail: kstott@springfieldcityhall.com

200 Trafton Rd. Springfield, MA 01108



Department of Parks, Buildings and Recreation Management

Recreation Division, Forest Park

Parent/Guardian/ Participant Permission

I/We the undersigned do hereby consent to my child's/client's participation in the voluntary recreation programs of the City of Springfield (hereinafter: The City) through its Department of Parks, Recreation, and Building Management (Recreation Department). I acknowledge that my child/client must follow all of the rules of the Recreation Department in order to participate. In the event that I cannot be reached in an emergency, I hereby authorize that medical/surgical treatment be administered to my child/client at my expense and I hereby waive and release the City of Springfield and its officials, employees and officers from any claims that arise out of a decision to authorize the aforementioned medical/surgical treatment, as well as claims arising out of any personal injury or property damage related in any way to my child's/client's participation in the program. I hereby indemnify and hold harmless the Board of Park Commissioners and Parents and Friends of Star, Inc. providing activities from claims of third parties arising out of the decision to authorize medical/surgical treatment, or my child's/client's participation in the program. I assume all risks and hazards incidental to and inherent in participation in this program.

I/We also agree to forever RELEASE the City, a municipal corporation of the Commonwealth of Massachusetts and all their employees, officers, agents, board members, volunteers and any and all individuals and organizations assisting or participating in voluntary recreation programs of the City and Friends of Star, Inc. ("the Releasees") from any and all claims, actions, rights of actions & causes of action, damages, costs, loss of services, expenses, compensation & attorney's fees that may have arisen in the past or may arise in the future, directly or indirectly, from known & unknown personal injuries to myself or my child or property damage resulting from my or my child's participation in said City's voluntary recreation programs which I/we may now or hereafter have as the participant or as the parent(s) or guardian(s) of said minor child and which said minor child has or hereafter may acquire, either before or after reaching majority.

I/We also promise to INDEMNIFY, REIMBURSE, DEFEND and HOLD HARMLESS the Releasees against any and all legal claims & proceedings or any description that may have been asserted in the past or may be asserted in the future, directly or indirectly, including damages, costs & attorney's fees, arising from personal injuries to me and/or my child or property damage resulting from my child's and/or my own participation in the City's voluntary recreation programs or administration of first aid.

I/We agree to all refund and cancellation policies issued by the Recreation Department.

I/We further affirm that I/We have read this Consent, Release from Liability and Indemnity Agreement and that I/we understand the contents of this Agreement.

I/we understand that my and/or my child's participation in these programs is voluntary and that my child and I/we are free to choose not to participate in said programs. By signing this agreement, I/we affirm that I/we have decided to allow myself and/or my child to participate in the City's recreation programs with full knowledge that the Releasees will not be liable to anyone for personal injuries and property damage my child and/or I/we may suffer in voluntary City recreation programs. The Recreation Department reserves the right to charge the participant or the parent or guardian of a minor for costs incurred or charged for damages to supplies or property while participating in a program or event.

This release is good for all organizations and household participants for all programs/events/rentals with the City of Springfield Department of Parks, Recreation, and Building Management whether free or paid. Payment and/or participation will be considered consent to the Consent, Release & Indemnity Agreement.

My signature authorizes the Recreation Department to gather information required by our funders which will be used to apply for and report in grants the city receives. My signature also certifies that I have read and understood this disclaimer, and all the program rules and regulations.

I am aware that pictures of my child may be used for publicity purposes by the Recreation Division and I consent to the use of such pictures.

Choose One: Yes _____ No _____

Parent/Guardian/ Participant Signature

Date